



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From: <sup>MM</sup>10 <sup>DD</sup>01 <sup>YYYY</sup>2014 To: <sup>MM</sup>10 <sup>DD</sup>15 <sup>YYYY</sup>2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <sup>YYYY</sup> 2014		3,279.00
(b) Cash on Hand at Beginning of Reporting Period.....	4,082.00	
(c) Total Receipts (from Line 19).....	210.00	1,747.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4,292.00	5026.00
7. Total Disbursements (from Line 31).....	1,228.00	1,962.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3,064.00	3,064.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period: From:

10<sup>th</sup> 01<sup>st</sup> 2014

To:

10<sup>th</sup> 15<sup>th</sup> 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0	0
(ii) Unitemized.....	210.00	1747.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	210.00	1,747.00
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	210.00	1,747.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received.....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	210.00	1,747.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	210.00	1,747.00

COLUMN A MINUS COLUMN B

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	673.00	1,407.00
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	673.00	1,407.00
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	435.00	435.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	120.00	120.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	120.00	120.00
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,228.00	1,962.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	1,228.00	1,962.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	210.00	1,747.00
34. Total Contribution Refunds (from Line 28(d)) .....	120.00	120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	90.00	1,627.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	673.00	1,407.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	673.00	1,407.00

FORM 1001-1001

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **6** OF **12**

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**NIAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

Full Name (Last, First, Middle Initial)

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
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Amount of Each Receipt this Period

_____
-------

**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C	_____
---	-------

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

_____
-------

Full Name (Last, First, Middle Initial)

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
-------	---	-------	---	-----------------

Amount of Each Receipt this Period

_____
-------

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C	_____
---	-------

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

_____
-------

Full Name (Last, First, Middle Initial)

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y Y Y
-------	---	-------	---	-----------------

Amount of Each Receipt this Period

_____
-------

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C	_____
---	-------

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

_____
-------

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

_____
_____

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

A. <b>VENTURA COUNTY REPUBLICAN PARTY</b>		Date of Disbursement
Mailing Address <b>80 WOOD ROAD STE. 304A</b>		<b>10 / 08 / 2014</b>
City	State	Zip Code
<b>CAMARILLO</b>	<b>CA</b>	<b>93010</b>
Purpose of Disbursement <b>PURCHASE OF DOOR HANGERS</b>		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		, <b>435.00</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

B. <b>SCHAUPP, CHARLES E.</b>		Date of Disbursement
Mailing Address <b>17114 YOLD AVE</b>		<b>10 / 13 / 2014</b>
City	State	Zip Code
<b>ESPARTO</b>	<b>CA</b>	<b>95627</b>
Purpose of Disbursement <b>FOOD FOR BARBEQUE EVENT</b>		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		, <b>317.00</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

C. <b>HANGMAN, KEVIN H.</b>		Date of Disbursement
Mailing Address <b>1148 STATE LANE</b>		<b>10 / 13 / 2014</b>
City	State	Zip Code
<b>YOUNTVILLE</b>	<b>CA</b>	<b>94589</b>
Purpose of Disbursement <b>SUPPLIES FOR BARBEQUE EVENT</b>		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		, <b>345.00</b>
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	, <b>1,097.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	, <b>1,097.00</b>

140N11M11M04N





**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

2) TOTALS This Period (last page this line number only)..... ▶

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ▶

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

VOID

143001-1-0001-1-0001-1-0001

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>NAPA COUNTY REPUBLICAN CENTRAL COM.</b>	FEC IDENTIFICATION NUMBER <b>C 00455659</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Purpose of Expenditure
Name of Federal Candidate Supported or Opposed by Expenditure:	Category/Type
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	Purpose of Expenditure
Name of Federal Candidate Supported or Opposed by Expenditure:	Category/Type
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	Amount
(b) SUBTOTAL of Unitemized Independent Expenditures.....	Amount
(c) TOTAL Independent Expenditures.....	Amount

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date  /  /

02001100110000

ALONG

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 12 OF 12

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**NADA COUNTY REPUBLICAN CENTRAL COMMITTEE**

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

FROM FRONT MOUNT

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		<input type="checkbox"/>	
City		State		Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			
<input type="checkbox"/>				<input type="checkbox"/>			
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		<input type="checkbox"/>	
City		State		Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			
<input type="checkbox"/>				<input type="checkbox"/>			
Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/Type	
Mailing Address				Date		<input type="checkbox"/>	
City		State		Zip Code		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Name of Federal Candidate Supported		Office Sought:		House		State: _____	
				Senate		District: _____	
				Presidential			
Aggregate General Election Expenditure for this Candidate ▶				Amount			
<input type="checkbox"/>				<input type="checkbox"/>			

NONE

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

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Mo. Day Year 10 20 14	Time Accepted 12:00 PM	Month Day Year 10 21 14	Day 2nd Day	Insurance Fee
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NAPA COUNTY REPUBLICAN COMMITTEE  
P.O. BOX 3263  
NAPA, CA 94558

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Mo. Day	Delivery Date	Time	Employee Signature
Mo. Day	Delivery Date	Time	Employee Signature

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